

Amended

Delbert Hosemann  
SECRETARY OF STATE

Candidate  
Annual Report of Receipts and Disbursements  
2009

Candidate's Name Daniel Stephen Holland  
Full Address P.O. Box 2 Plantersville, Ms. 38862  
Telephone 662-840-5000 Fax 662-840-5606  
Contact Name Steve Holland Email hollandfuneraldirectors@comcast.net  
Office Sought State Rep. Political Party Democrat

**RECEIVED**  
NOV 05 2010

Secretary of State  
Capitol Office  
DATE/STAMP

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$13,250. <sup>00</sup> + \$	\$ 13,250.00	\$ 13,250.00
Total amount of disbursements	\$ 1,895. <sup>00</sup> + \$	\$ 10,722.74	\$ 12,617.74
Total amount of cash on hand		\$ 27,751.39	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Nov. 5, 2010

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee D. Stephen Holland Page 1 of 1  
 Reporting period 1-1-2009 through 12-31-2009

2009  
Amended

# ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Chip Reno + Assoc., LLC</u>	<u>12/21/2009</u>	\$ <u>250.00</u>
Mailing Address	<u>P.O. Box 2864</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>Jackson, Ms. 39207</u>	<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>ED Brunini, Jr.</u>	<u>12/29/09</u>	\$ <u>250.00</u>
Mailing Address	<u>P.O. Box 119</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>Jackson, Ms. 39205-119</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>Brunini Law Firm</u>	<u>1/1/</u>	\$
Occupation (Required)	<u>Lawyer</u>	Aggregate year-to-date	\$

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan

Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Baker Donelson - ms PAC</u>	<u>12/30/09</u>	\$ <u>500.00</u>
Mailing Address	<u>P.O. Box 14167</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>Jackson, Ms. 39236</u>	<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)	<u>Law Firm</u>	Aggregate year-to-date	\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$